

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045073

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 165

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN Ferguson	
Length of stay in 1b 5 Wks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS (If outside, give location) 59 Grether Ave	
3. NAME OF DECEASED (Type or print) First Helen Middle Esther Last Martens		4. DATE OF DEATH Month 11 Day 19 Year 63	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-18
9. AGE (last birthday) 45		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mechanic		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	
11. BIRTHPLACE (City and state or country) Ocenee, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Adam Briegel		13b. MOTHER'S MAIDEN NAME Laura Lehman	
14. NAME OF HUSBAND OR WIFE Ralph J. Martens		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Ralph J. Martens Address 59 Grether Ferguson, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Breast DUE TO (b) Massive Pulmonary Embolus DUE TO (c) Carcinomatosis with Cerebral Metastasis		INTERVAL BETWEEN ONSET AND DEATH 15 min. 2 years 3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Oct. 6, 1963		20f. CITY, TOWN, OR LOCATION Nov. 19, 1963	
21. I attended the deceased from 2:32 PM to Nov. 19 1963 Death occurred at Nov. 19, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Russell Glider MD	
22b. ADDRESS St Charles, Mo		22c. DATE SIGNED Nov 22, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-22-63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR White-Mullen Mort., 118 N. Florissant Ferg.		25. DATE RECD. BY LOCAL REG. Nov 22-1963	
26. REGISTRAR'S SIGNATURE Mabel Sumwalt Ders			

USE BLACK INK
OR
TYPEWRITER RIBBON

5010-0150-111

DEC 4 1963

Missouri

Ferguson

2 WBS

St. Charles

59 Greiner Ave

St. Joseph Hosp.

3

Esther

Helen

Martens

X

Female White

3-16-18 42

USA

McDonnell Aircraft Co., Ill.

Production Machine

Adam Bridge

Laura Lehman

Ralph J. Martens

No

Ralph J. Martens 59 Greiner Ferguson, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 2395

P. O. Address St. Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Jefferson Barracks, Mo.

National Cemetery

11-22-63

Removal

White-Miller Mort., 118 N. Florissant Ferg.